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STRENGTHENING OF THE COORDINATION OF HUMANITARIAN AND DISASTER RELIEF ASSISTANCE OF THE UNITED NATIONS, INCLUDING SPECIAL ECONOMIC ASSISTANCE: EMERGENCY INTERNATIONAL ASSISTANCE FOR PEACE, NORMALCY AND RECONSTRUCTION OF WAR-STRICKEN AFGHANISTAN

Emergency assistance to Afghanistan

Report of the Secretary-General

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I. INTRODUCTION

1. The present report is submitted in pursuance of General Assembly resolution 50/88 A of 19 December 1995. In that resolution, the Assembly requested the Secretary-General to authorize the United Nations Special Mission to Afghanistan, established under resolution 48/208 of 21 December 1993, to continue its efforts to facilitate national reconciliation and reconstruction in Afghanistan. A separate report concerning the activities of the Special Mission has been submitted in pursuance of General Assembly resolution 50/88 B of 19 December 1995 (A/51/698).

2. The General Assembly called upon all Afghan parties not to hinder in any way efforts by the United Nations to transport and distribute emergency humanitarian assistance to the Afghan population, particularly to the city of Kabul, and urged them to ensure full freedom of movement for the Special Mission.

3. The General Assembly requested me to continue efforts to develop plans for national reconstruction and rehabilitation beginning in areas of peace and security, on the basis of the recommendations set out in my previous report (A/50/737).

4. The General Assembly also requested me, inter alia, to report to the Assembly at its fifty-first session on the progress made in the implementation of the resolution. The present report covers the period from the adoption of resolution 50/88 A to mid-October 1996.

II. BACKGROUND TO THE SITUATION IN AFGHANISTAN

5. The protracted conflict in Afghanistan has had grave implications for the general population. The fighting has produced a refugee population of at least 6 million people, most of whom have been relocated to camps in Pakistan and the Islamic Republic of Iran. Of the approximately 4 million that have been repatriated, many have returned to homes that have been destroyed, fields that have been rendered incapable of agricultural production and water supplies that have been polluted. Within the country itself, up to 500,000 Afghans have been forced to relocate in the last two years.

6. Until the beginning of September 1996, Afghanistan was under the control of five main factions: the Taliban, which possesses control of 14 provinces in the southern, south-western and western parts of the country; the government forces of Mr. Burhanuddin Rabbani and the chief military commander Ahmad Shah Masoud in control of Kabul and its neighbouring five provinces in the north-east; General Rashid Dostum and allies in six provinces mainly in the north of the country; the Hajji Abdul Qadir-led shura in control of the three eastern provinces; and the Hezb-e-Wahdat, which controls Bamyan and parts of the Ghor provinces in central Afghanistan.

7. The most intense fighting in September 1996, which included rocket and aerial attacks, occurred around Kabul between the Taliban and government forces,

blocking the main supply road from Jalalabad and causing an acute shortage of food and fuel. On 10 September, the Taliban attacked and captured from government forces the strategic town of Hasarak, some 70 kilometres south-west of Jalalabad. On 11 September, the Taliban took control of Jalalabad and by 27 September had entered Kabul, taking control from Rabbani's forces with only minor resistance.

8. It is estimated that up to 10 million landmines are still buried in Afghanistan, preventing the safe and efficient implementation of humanitarian programmes, the return of internally displaced persons and the reclamation of fields for agricultural production. Preventable communicable diseases are the leading cause of death among Afghan children. Malnutrition, for example, affects between 15 and 20 per cent of all children under the age of five.

9. The basic welfare of women has deteriorated considerably. Afghanistan is now listed as the last of the 130 countries on the United Nations Development Programme (UNDP) gender development index, which measures female literacy, life expectancy and school enrolment. In the two thirds of Afghanistan that is controlled by the Taliban, girls are generally denied access to education and women are denied access to work.

10. Infant, childhood and maternal mortality rates are also cause for concern. For every 1,000 infants born, it is estimated that 182 die, while 257 out of every 1,000 children die before they reach the age of five. Some 1,700 mothers die for every 100,000 that give birth and only 12 per cent of pregnant women have access to the most basic health care. Furthermore, there is an acute shortage of health personnel at all levels.

11. Only 5 per cent of the rural population and at best only 40 per cent of the urban population have access to safe drinking water. In the past two years Afghanistan has had typhoid and cholera epidemics, while pneumonia threatens the majority of children.

III. EMERGENCY HUMANITARIAN ASSISTANCE

12. In its resolution 50/88 A, the General Assembly called upon the international community to respond to the United Nations inter-agency consolidated appeal for emergency humanitarian and rehabilitation assistance for Afghanistan launched by the Secretary-General for the period from 1 October 1995 to 30 September 1996.

13. The appeal called for US$ 124 million for assistance to internally displaced persons, mine clearance, voluntary repatriation, food aid, agriculture, social programmes and coordination of relief and management support. As of 16 October 1996, a total of $60.1 million had been pledged/contributed to the United Nations agencies and non-governmental organizations for the programmes contained in the appeal.

14. In order to respond to the needs during the winter period, a supplement was issued to extend the appeal for a further three months, from 1 October to 31 December 1996. The main focus of the supplement is the emergency winter

relief needs and in particular the urgent requirements of the inhabitants of Kabul. Total requirements for the period from 1 October to 31 December 1996 amount to $11.2 million. Funding has been requested for food and non-food items (such as blankets and plastic sheeting), fuel and mine-clearance activities.

15. A new inter-agency consolidated appeal will be launched at the beginning of December 1996. It will cover the period until 31 December 1997 and seek to respond to the basic needs of the Afghan people. The programmes contained in the appeal are aimed at establishing nationwide mechanisms that respond to immediate needs, such as basic relief, mine clearance and repatriation, and other mechanisms that respond to priority needs in deprived areas in the different regions, such as the provision of safe drinking water, primary health care, urban and rural recovery.

16. Humanitarian programmes have continued to operate throughout Afghanistan. However, the current Taliban policies regarding women are having a significant impact on projects that employ women as well as those that target women as direct beneficiaries. This impact is more pronounced and visible in Kabul, where there is a limited presence of United Nations agencies and non-governmental organizations.

A. Implementation of humanitarian programmes

1. Internally displaced persons

17. Ongoing hostilities and the presence of mines have served as hindrances to the safe return of internally displaced persons. In this environment, a major priority of United Nations agencies and non-governmental organizations has been to create conditions that are conducive to the reintegration and resettlement of internally displaced persons. Programmes have been established to provide internally displaced persons with emergency assistance and to facilitate their reintegration by initiating income generating projects and other vocational training schemes.

18. In Kabul, the World Food Programme (WFP) has facilitated the reintegration of returning internally displaced persons and refugees by implementing activities such as income generation and food production. Furthermore, in a drive to improve the self-reliance of the internally displaced persons, WFP has initiated a large food-for-work project aimed at improving the sanitary conditions and rehabilitating the State farms in Jalalabad city. Water supply, health care and expanding educational opportunities are being provided by non-governmental organizations under the overall coordination of the United Nations Office for the Coordination of Humanitarian Assistance.

19. As of 30 September 1996, some 104,433 people continued to live in internally displaced persons camps in Jalalabad, where WFP has been providing a ration of 50 kilograms of wheat per family per month. Food assistance was originally to have been phased out by spring 1996, yet conditions in Kabul have continued to prevent the return of many internally displaced persons. Furthermore, internally displaced persons living in camps in northern Afghanistan are included in food-for-work programmes; approximately 8,000

internally displaced persons in the Jalalabad camps are employed in food-for-work schemes through WFP which has also initiated small-scale rehabilitation and resettlement activities in Jalalabad and other cities hosting internally displaced person populations.

20. Pursuant to its responsibility for the management of services to internally displaced persons, the United Nations Office for the Coordination of Humanitarian Assistance supervises the distribution of non-food items for shelter, as well as household items and kerosene. It also coordinates and supports income generating activities for internally displaced persons.

21. The total number of internally displaced persons in the Mazar-i-Sharif and Kunduz camps is estimated at 35,000. After the Taliban takeover of Kabul in September 1996, an additional number of 9,231 persons from Kabul have been displaced to Kunduz, Taloqan, Pul-i-Khumri and Mazar-i-Sharif in northern Afghanistan. These figures exclude the thousands of Afghans displaced from Kabul since 1992 who are not living in camps.

22. Some 50,000 people were displaced in the first weeks of November by fierce fighting between the Taliban and the combined forces of General Dostum and Ahmad Shah Masoud in north-western Afghanistan. Around 45,000 people from small towns and villages in the frontline areas of the Badghis province fled southwards to the town of Qala-i-Nau. Another 2,000 to 3,000 people proceeded further south to Herat, the main city in western Afghanistan, which was captured by the Taliban in September 1995.

23. On 21 October 1996, a task force comprising the Office of the United Nations High Commissioner for Refugees (UNHCR), WFP, the United Nations Children's Fund (UNICEF), Médecins sans frontières (MSF) and Oxfam and functioning under the overall coordination of the United Nations Office for Coordination of Humanitarian Assistance, was set up to coordinate emergency supplies and assistance. In October and November rapid assessment missions composed of the United Nations Office for the Coordination of Humanitarian Assistance, WFP, WHO and UNHCR have confirmed the presence of internally displaced persons in six schools in Pul-i-Khumri. UNHCR, WFP and UNICEF have distributed food, shelter and medical supplies in these areas.

2. Mine clearance

24. According to reports, mine deaths and mine related injuries in Kabul have soared in recent months owing to the massive number of civilians moving back into former frontline territory. Present reports put mine related deaths in Kabul at about one person every hour. It is estimated that this rate will rise with the onset of winter, when many people, especially children, will enter former areas of conflict in search of firewood and accidentally come across mines and unexploded ordnance.

25. Coordinated and supervised by the United Nations Office for the Coordination of Humanitarian Assistance, the mine clearance programme in Afghanistan is made up of four components: mine clearance, mine awareness, mine clearance training and a national mine survey. In its seventh year of

operation, the mine clearance programme is presently focused on Kabul and Kandahar as major targets for demining. The programme is being implemented by three international non-governmental organizations (the HALO Trust, Save the Children Fund of the United States of America and Handicap International), and five Afghan non-governmental organizations, Afghan Technical Consultants, the Demining Agency for Afghanistan, the Mine Clearance Planning Agency, the Mine Dog Centre and the Organization for Mine Clearance and Afghan Rehabilitation. Furthermore, an Iranian non-governmental organization (RRGA) is conducting mine awareness training for refugees returning from the Islamic Republic of Iran and the British Broadcasting Commission Afghan education drama project is continuing to broadcast mine related messages through its radio drama series.

26. By December 1996, the mine clearance programme will have cleared 53.8 square kilometres of battlefield and 100 square kilometres of other terrain. However, several areas that were remined last year, namely Warrak/Maidan Shah, Lobar Mohammed Aga and the Kabul/Sarobi region, now require renewed demining efforts.

27. In and around Kabul, the programme's operational plan involves 7 mine survey teams, 15 mine clearance teams, 3 mine detection dog groups, 5 mine dog sets, 2 explosive ordnance disposal teams, 3 battle area clearance teams and 6 mine awareness teams. The mine survey team has identified 11 kilometres of the Jalalabad-Kabul road from Pul-e-Estehkam to Sar Kandaw Baba Ziarat that has been recently affected by anti-personnel and anti-tank mines. Furthermore, over 2 kilometres of both sides of the Kabul-Lobar road from Siabini to San-i-Naweshta have been identified as mine affected areas. Additional mines have been discovered along 1.5 kilometres of both sides of the Kabul-Maidan Shar road which, along with the Kabul-Reshkhor and Kabul-Charasiab roads, has been reopened to traffic.

28. Emergency operations have begun in Kabul city to destroy mines and unexploded ordnance left behind by the current round of fighting. As of 23 October 1996, however, there were no reports that new mines had been planted in Kabul city.

29. Seminars have been recently held to provide an opportunity for the staff of the various demining agencies in Afghanistan to discuss the technical and managerial development of the programme, to identify common problems, find practical solutions, and to investigate methods of improving the productivity and safety standards of mine clearance operations.

30. The mine awareness programme has aimed at reducing mine related casualties through education which would ensure better identification and avoidance of mines. The programme has trained some 500,000 people against a target of 900,000, the shortfall being largely a result of the low number of returnees from the Islamic Republic of Iran. Mine awareness briefings have been provided to returning internally displaced persons and refugees at a number of locations including border crossing points and camps in Jalalabad. Training has also been provided in Kabul and the surrounding areas targeting schools and government offices. Other mine awareness classes have been held by the Organization for Mine Clearance and Afghan Rehabilitation in schools, mosques and workplaces in nine provinces of Afghanistan.

31. During 1996, 165 new deminers have been trained and three battle area clearance courses (designed by the technical staff of United Nations Office for the Coordination of Humanitarian Assistance in response to the emergency needs in Kabul) have been conducted. To date, a total area of 15 square kilometres has been demined and a total of 20 square kilometres of high priority mine fields surveyed, thereby meeting the target for the area of high priority mine fields to be surveyed during the whole appeal period. In recent months, however, an additional 36 square kilometres have been identified as high priority mined areas, the majority of which are in and around Kabul and Kandahar cities. With the planned extension in capacity, all known high priority areas are expected to be cleared by the end of 1998.

3. Voluntary repatriation

32. Since the beginning of the UNHCR repatriation operation in 1989, close to 3.84 million Afghan refugees have returned, 2.4 million of whom have been directly assisted by UNHCR and WFP. In 1995, a total of 348,000 refugees returned to Afghanistan. During the first 10 months of 1996, nearly 123,000 more have returned (115,186 from Pakistan and approximately 7,300 from the Islamic Republic of Iran). Returnees from Pakistan and the Islamic Republic of Iran receive UNHCR cash and in-kind repatriation grants, while returnees from the Islamic Republic of Iran also benefit from transportation assistance provided by the International Organization for Migration (IOM). In March 1996, UNHCR and the Governments of Afghanistan, the Islamic Republic of Iran and Turkmenistan agreed to establish an operation for the transit of Afghan refugees returning from the Islamic Republic of Iran through Turkmenistan to the northern and central provinces of Afghanistan.

33. Continued conflict and political instability in Afghanistan have had a negative impact on voluntary repatriation. It is estimated that 2.35 million Afghans continue to live in exile, mostly in Pakistan and the Islamic Republic of Iran. In September 1996, 646 Afghan refugees were repatriated from the Islamic Republic of Iran through the Dogharoun and Malik border stations in the Khorasan and Sistan-Baluchistan provinces. Assisted by 44 convoys organized by IOM, 317 returned to distant locations inside Afghanistan. In October 1996, 4,574 Afghans returned from Pakistan through border crossings in the north-west and in Baluchistan. All received direct UNHCR assistance.

34. In addition to providing transportation assistance and cash and in-kind repatriation grants, UNHCR continues to provide reintegration assistance to areas of high return through quick impact projects. Larger scale schemes are also implemented by a country-wide network of UNHCR field offices. A large number of communities and many thousands of families have benefited from projects aimed at the reconstruction and establishment of shelters, health and educational facilities, drinking and irrigational water supplies, road repairs, sanitation, skill training and credit schemes.

35. The inter-agency consolidated appeal called for $35.2 million to assist in the voluntary repatriation of Afghan refugees, of which $19.8 million had been received as of 16 October 1996. For 1997, UNHCR and the Governments of Pakistan and the Islamic Republic of Iran estimate the return of 350,000 more Afghans

(250,000 from Pakistan and 100,000 from the Islamic Republic of Iran), although this is dependent upon developments inside Afghanistan.

4. Food aid

36. Several parts of Afghanistan have continued to suffer from severe food shortage. Despite many constraints, WFP has provided direct assistance to close to 1.8 million members of vulnerable groups around the country. WFP has adopted a dual approach: emergency assistance and rehabilitation to facilitate the reintegration and resettlement of Afghan refugees and internally displaced persons. WFP has targeted the war affected population, especially women, children, widows, hospital patients and internally displaced persons in the Jalalabad and northern camps. WFP has also supported people-oriented and community based rehabilitation activities through food-for-work projects and institutional feeding, emergency relief and subsidized bread sales for the poorest people.

37. Since 1993, WFP food aid has been used for 2,500 projects that have provided sustenance to the needy, supported household food security in peaceful areas and facilitated the return of refugees and internally displaced persons. By the end of 1996, WFP will have provided $85 million in food aid.

38. WFP programmes in Afghanistan include 11 bakery projects. These provide subsidized bread to some 700,000 of the most needy people in Afghanistan's regional and provincial centres. In Kabul and Jalalabad, where the need is the greatest, bakeries operate all year round. In collaboration with UNICEF and the Afghan Women's High Association, 15 bakeries were run by widows in Kabul, baking bread for an estimated 15,000 widows and their families.

39. In collaboration with UNDP, WFP also supports the rehabilitation and reconstruction of community infrastructure, for which it has used 49,338 metric tons of food aid, benefiting 210,000 recipients monthly. In the first six months of 1996, WFP supported food-for-work projects which repaired 803 kilometres of farm-to-market roads, installed 220 culverts, rehabilitated 1,795 kilometres of irrigation canals and reforested 226 hectares of land. Furthermore, 14 clinics, 550 classrooms and 8,561 houses were rebuilt, 447 kilometres of flood control structures constructed and 135 wells repaired.

40. WFP reaches young men and women through vocational and income generating projects. In addition, women account for approximately 45 per cent of the clientele of bakeries and of the assistance to internally displaced persons. Women are also direct beneficiaries of food-for-work schemes, receiving 7 kilograms of wheat per day.

41. In its relief and rehabilitation programmes, WFP collaborates extensively with other United Nations agencies and non-governmental organizations in various sectors such as health, agriculture, shelter, education, demining, water supply, sanitation and repatriation. In conjunction with UNICEF and the Ministry of Public Health, WFP feeds people in institutions such as hospitals, clinics, orphanages and kindergartens. Together with FAO, WFP has also undertaken a food-for-seed project in nine locations. Through this initiative more than

2,000 metric tons of wheat seed have been procured for distribution to small farmers.

42. For the winter of 1996-1997, WFP is preparing to increase its targeted beneficiaries by 80,000 thereby reaching a total of 200,000 of Kabul's inhabitants. Its ongoing monthly commitment of 2,800 metric tons will increase to an estimated 3,500 metric tons

5. Health

43. The focus of the health programmes in the reporting period has been maternal and child health, the prevention and control of communicable diseases, nutrition, immunization and the rehabilitation of the health infrastructure in order to extend further the capacity of health facilities. Additional emphasis has been placed on the provision of emergency health care in internally displaced persons camps near Jalalabad, Mazar-i-Sharif and in cities affected by war and mass population movements.

44. The main strategy of WHO and UNICEF has been the establishment of regional management teams comprised of regional health departments, non-governmental organizations and United Nations agencies. Regional management teams are responsible for developing initiatives in the field of maternal and child health. To date, 150 physicians, nurses and midwives have been trained in Jalalabad, Herat, Mazar-i-Sharif and Kabul in antenatal and postnatal care.

45. In order to combat the spread of communicable diseases, WHO and UNICEF have established a referral system for acute respiratory infection management. Essential medical supplies and health education was provided on different aspects of acute respiratory infection prevention. To prevent and reduce the spread of malaria and leishmaniasis, WHO provided $230,285 for the provision of drugs, laboratory supplies and training courses to staff in all regions. For tuberculosis control, WHO has made available drugs and diagnostic facilities, and introduced short-course chemotherapy. A total of 347 doctors, 403 nurses and 303 laboratory technicians received technical training. In addition, community based projects are being initiated to combat the spread of malaria, diarrhoeal diseases, acute respiratory infection, tuberculosis and diseases that can be prevented by immunization. All projects have been designed to include training and elements of social mobilization to increase awareness of such preventive measures.

46. For the coming winter, WHO in Kabul is targeting some 240,000 children under the age of five who are vulnerable to acute respiratory infection and pneumonia. Efforts to combat a cholera epidemic in all provinces have been coordinated through a United Nations inter-agency task force. UNICEF and WHO worked on the provision of clean drinking water and improved sanitary conditions. To reduce mortality and morbidity owing to diarrhoeal diseases, especially among children, UNICEF allocated resources to introduce low cost and easily accessible wheat salt solution for oral rehydration therapy in order to facilitate the home management of diarrhoea. In cooperation with the Agency Coordinating Body for Afghan Relief, UNICEF designed and distributed 5,000

leaflets containing educational information on diarrhoea prevention and control and on the chlorination of wells.

47. Several programmes are currently addressing the problem of malnutrition, in particular of children under five and women of child-bearing age. Together with UNICEF, WFP is supporting feeding programmes at health institutions and orphanages as well as distributing K-Mix (a mixture of high protein grains for treatment of severely malnourished children) and high protein biscuits among internally displaced persons and hospital patients.

48. The expanded programme of immunization, supported by UNICEF and WHO, has aimed at increasing immunization coverage among children and women of child-bearing age. Children under five were immunized against poliomyelitis, children under two against measles and women of child-bearing age against tetanus. The total of children vaccinated in 1996 is estimated at 2.4 million and the total of women of child-bearing age to 1.1 million. In addition, 2.1 million children between six months and five years of age received vitamin A capsules.

49. The rehabilitation of the health infrastructure has been a priority for WHO. This has involved reorganizing the casualty departments and provincial hospitals in Herat, Jalalabad, Kabul and Mazar-i-Sharif. WHO has also strengthened the disease surveillance and reporting system in these hospitals. Essential drugs were provided by UNICEF to a network of 15 hospitals, 65 maternal and child care centres, 175 basic health clinics and 40 mini health centres in five regions of Afghanistan. In addition, oral rehydration salts, acute respiratory infection drug kits and other emergency medical supplies are pre-positioned in five UNICEF sub-offices and at Peshawar to respond to any sudden outbreak or epidemic of these two major diseases.

6. Water supply and sanitation

50. The provision of safe drinking water and the improvement of existing sanitation systems remains the most urgent need in rural and urban areas of Afghanistan. The situation has become even more pressing in areas hosting the return and reintegration of refugees and internally displaced persons which are already affected by the protracted conflict.

51. Under area based projects, UNICEF selected six districts in five regions of Afghanistan for water and sanitation activities. Approximately 100,000 people will have access to safe drinking water through these projects. Within these districts 150 handpumps were installed on 90 dugwells and on 60 borewells. Three piped water systems were rehabilitated in northern Afghanistan and hygiene education activities are being established in community committees with the support of community mobilizers. Furthermore, under the national support initiative project, 250 handpumps are being installed on borewells and improved dugwells benefiting some 75,000 people. To date, 242 of these handpumps have been installed.

52. Under the 1995 consolidated appeal, four other projects are currently being implemented. A piped water supply scheme in the rural areas of Kabul, Kapisa

and Parwan has already benefited approximately 22,000 people by producing safe water from various production wells and a 6.5 kilometre pipeline. In Qalat and Zabul, two production wells and 13.5 kilometres of pipeline with 52 public standposts have been built and are benefiting an estimated 25,000 people. In the Jawzjan province, a handpump water supply project has been developed and local Water and Sanitation Committees have also been formed. Forty handpumps were installed on 30 improved dugwells and 30 borewells in this province. By the end of 1996, the remaining 20 handpumps will have been installed.

53. Water supply and sanitation activities have also been undertaken in Kabul under the district action plan and the Kabul emergency programme. The United Nations Centre for Human Settlements (Habitat) has assisted in the clearance of at least 70,000 cubic metres of solid waste in Herat, Mazar and Kabul city. In October 1996, reports have indicated that the Habitat Lobar water supply project has slowed down its rate of operation owing to concerns regarding the security of equipment. Sanitation projects in particular have had to be curtailed.

54. WHO has taken the lead in the rehabilitation of the water supply network and high elevated reservoir in Kandahar city, the design of the Jalalabad water network and water resources rehabilitation. It has also designed the extension of the water network and the main drainage canal rehabilitation project in Kandahar. Furthermore, five water testing laboratories have been established in five regions. A total of $548,331 was spent on these activities.

55. A water sanitation and hygiene pilot project has been introduced in the Herat province, involving the installation of four handpump borewells, the construction of 104 family latrines and the widespread distribution of hygiene education materials. Training courses on water sanitation and hygiene education were administered in Peshawar, Kabul, and Mazar-i-Sharif by 56 trainers from the Ministry of Rural Rehabilitation and Development, United Nations agencies and various non-governmental organizations.

7. Nutrition

56. UNICEF has established a technical working group on nutrition to address the overall nutrition strategy in Afghanistan and to coordinate United Nations and non-governmental organization activities. A first meeting was held in October 1996.

8. Education

57. In some cases, support to education which had been provided by United Nations agencies and non-governmental organizations has now been suspended in areas where girls are denied access to education. In the north, however, UNICEF is supporting schools with supplies, furniture, small-scale school repairs and teacher training.

58. The CARE home school project has established community schools in rural areas. Communities are responsible for school management and participation by girls is a condition for the support.

59. The British Broadcasting Corporation/Afghan education drama project, financed by UNICEF, broadcasts messages related to education and child rights. The Afghan box library education project is placing moveable "box libraries", with a large variety of reading material, in community centres, large schools and clinics. In some areas, the Taliban authorities have permitted girls' schools to operate, such as the CARE home school in Khost and SCA girls schools in Ghazni.

9. Children and women in especially difficult circumstances

60. In Herat, home-based income generating projects for women, such as tailoring and quilt making skills training projects are continuing. In Mazar, carpet centres and a bakery project are being established. In both locations, literacy is being introduced as a component of income generating and skill training projects.

10. Food and agriculture

61. Notwithstanding the modest level of funding that the Food and Agriculture Organization of the United Nations (FAO) has received for activities in this sector, the total collapse of the rural infrastructure, the destruction of irrigation systems and the presence of mines in prime agricultural land, WFP has had remarkable success in assisting in the relaunching of food production.

62. In the emergency phase, initial seed supply came from neighbouring countries. However, since 1995, UNDP has placed great emphasis on in-country production with supervision to ensure quality control. UNDP has also established fruit tree nurseries and vegetable seed production schemes and also promoted integrated pest management initiatives. FAO has supplied 3,500 metric tons of high quality seeds for the 1995 autumn sowing season and has supervised farmers' production of 6,500 metric tons of quality seed. Maize, rice and other summer crops have been distributed on a lesser scale. Furthermore, some 2,500 metric tons of fertilizer were distributed to seed growers on a "user pays" basis. Since 1995, the programme has taken an integrated, development orientated approach and as a result of close cooperation with UNDP, some rural areas of Afghanistan are now self-sufficient in cereals.

63. Since fruit has always been a major crop for both local use and sale, FAO now supports a programme of in-country nursery development in the private sector. This initiative has assured the planting of 4,500 hectares of orchids per year.

64. Since 1992, UNDP has been instrumental in establishing livestock health and production projects. With assistance from FAO, UNDP expanded the network of private sector veterinary field units to 220 districts in 20 provinces of Afghanistan, constituting roughly 65 per cent of the country. Medicines are purchased at 100 per cent cost recovery and are, therefore, fully self-sustaining in all veterinary field units. UNDP also facilitated the administration of some 15.1 million vaccinations, 4.4 million deworming projects and 3 million other treatments, based on a "user pays" concept.

65. In addition, livestock production issues such as nutrition, winter supplementation, improved fodder production and breeding are also being addressed. Training for women in poultry production and animal husbandry has also been successfully undertaken. Funds have also been provided by the United Nations Office for the Coordination of Humanitarian Assistance for the emergency purchase of vaccines.

B. Coordination of humanitarian programmes

66. The United Nations Office for the Coordination of Humanitarian Assistance, under the overall responsibility of the Department of Humanitarian Affairs of the Secretariat, has provided coordination and logistical support for the humanitarian programmes in Afghanistan. The United Nations Office for the Coordination of Humanitarian Assistance continued to supervise the mine clearance programme, the aircraft operation and the radio network, while also retaining responsibility for the management of the Sar Sahai and New Hadda camps for internally displaced persons at Jalalabad.

67. UNOCHA has played a key role in ensuring that there is proper coordination between United Nations agencies and non-governmental organizations. Several United Nations agencies also directly support non-governmental organization projects as well as implement activities through non-governmental organizations.

68. Non-governmental organization coordinating bodies have played an important role in ensuring the provision of humanitarian and rehabilitation assistance to Afghanistan, in analysing the non-governmental organization capacity and in maintaining regular contacts with the donor community. The Agency Coordinating Body for Afghan Relief is currently planning a pilot base line survey of the Nangarhar province, the findings of which will be of potentially great interest to a number of United Nations agencies and donors in guiding the selection of activities undertaken in the surveyed areas.

69. In response to signs of waning interest in Afghanistan and to ensure the continuity of humanitarian assistance, particularly in view of current developments, an international forum on Afghanistan is being planned. Based on consultations with United Nations agencies, the forum will develop a "humanitarian strategy" for Afghanistan, seeking to address issues of common concern for short-, medium- and longer-term planning. Among these issues are the impact of the current situation on humanitarian operations, lessons learned from past activities in Afghanistan, the provision of humanitarian assistance in an environment in which human rights are being violated, changing priorities for the different regions and the country as a whole and key aspects for the transition from emergency relief to reconstruction and longer term rehabilitation. Other related issues such as landmines, the production of narcotic drugs and drug trafficking, the rehabilitation of the agricultural sector and food production will also be addressed in the relevant context.

IV. REHABILITATION AND DEVELOPMENT ACTIVITIES

70. The rebuilding of community rural and urban areas has occupied a predominant position in UNDP strategic objectives for the rehabilitation of Afghanistan. During the final year of the UNDP five-year cycle (1992-1996) of ongoing programmes the general objectives have been to deliver community-driven rehabilitation support, to establish a platform from which key programmes could be jointly funded by donors through the demonstration of the efficiency of a community development concept and to provide logistical support for coordinated United Nations system efforts, both at the regional and local levels.

71. A large scale programme in rural rehabilitation has been initiated by UNDP, with the objective of serving as a facilitator for increased community participation in rehabilitation. Success in meeting that objective has been realized through the establishment of representative district and village rehabilitation "councils" (shuras/jirgas), which serve to identify and set priorities and to participate in the planning and monitoring of projects. In close collaboration with UNHCR, UNCHS and WFP, UNDP/United Nations Office for Project Services rehabilitated more than 900 kilometres of tertiary roads in rural and urban areas and repaired or reconstructed culverts and bridges.

72. A similar participatory approach was adopted in and around the urban areas of Kabul, Mazar-i-Sharif and Herat, whereby a joint UNCHS/UNDP programme was designed to combine community participation with local capacity-building. The traditional systems of representation on a district and neighbourhood level were revived, while useful input from direct beneficiaries was solicited and utilized.

73. For the 1997-1998 period, UNDP intends to maintain a dual approach aimed at increasing community cohesion and self-help capacities, and strengthening international cooperation for sustainable human development. The first of these approaches requires the improvement of equitable and sustainable access to productive and social assets and services, through high impact interventions at community based levels. Community cohesion will be advanced through beneficiary participation in development management and by increasing the capacity of the non-governmental organizations, private and public sector to support community driven rehabilitation and development projects. In recognition of the absence of a fully functioning Government, the second approach seeks to increase support for the role that the aid community must play in the design, implementation and execution of the reconstruction and development programmes in Afghanistan.

V. CONCLUSIONS AND RECOMMENDATIONS

74. The provision of humanitarian relief assistance is critical for the survival of the most vulnerable people of Afghanistan in the short term. A political settlement and peace can have a real impact on the results of the humanitarian work undertaken by the aid agencies.

75. To avert a further worsening of the humanitarian situation during the coming winter, particularly for the poorest residents of Kabul, there is an urgent need to replenish depleted food stocks, fuel and medical supplies.

76. A number of incidents in Kabul since the Taliban took control have raised serious concerns about the safety and security of United Nations staff, both local and international. Some local staff have been apprehended and subjected to harassment, while United Nations premises and some residences of international staff members have been encroached upon. The authorities throughout Afghanistan, particularly in Kabul, are urged to exercise restraint and to respect the privileges and immunities of United Nations staff and their personal property in accordance with the Charter of the United Nations and the rules of international law.

77. The severe restrictions on women's access to work and girls' access to education, in areas controlled by the Taliban, have had a negative impact on the implementation of humanitarian programmes. Some activities, specifically involving female workers and targeting women beneficiaries, have been suspended. This continues to be a matter of serious concern to the United Nations and it is hoped that the concerned Afghan authorities will respect the rights of all the Afghan people.

78. I call upon the international donor community to continue to provide voluntary contributions in support of the humanitarian assistance programmes in Afghanistan as requested in order to maintain essential activities of the United Nations Office for the Coordination of Humanitarian Assistance, as well as other humanitarian initiatives.